

<i>SERFF Tracking Number:</i>	<i>TRVD-125767283</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Auto Technology Program	SERFF Tr Num: TRVD-125767283	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: 2008-07-0083-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Margaret Salsbury, Tia Slivinsky	Disposition Date: 10/06/2008
	Date Submitted: 10/03/2008	Disposition Status: Approved
Effective Date Requested (New): 08/01/2009		Effective Date (New): 08/01/2009
Effective Date Requested (Renewal): 08/01/2009		Effective Date (Renewal): 08/01/2009

State Filing Description:

General Information

Project Name: Auto Technology Program	Status of Filing in Domicile: Authorized
Project Number: 2008-07-0083-F	Domicile Status Comments: Authorized in CT, Pending in NY
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 10/06/2008	
State Status Changed: 10/06/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
Please see cover letter.	

<i>SERFF Tracking Number:</i>	<i>TRVD-125767283</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst MSALSBUR@travelers.com
 One Tower Square (860) 277-6470 [Phone]
 Hartford, CT 06183 (860) 277-9730[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		

One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of	CoCode: 25682	State of Domicile: Connecticut
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SERFF Tracking Number: TRVD-125767283 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-07-0083-F
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Auto Technology Program
Project Name/Number: Auto Technology Program/2008-07-0083-F

Connecticut

One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

Travelers Property Casualty Company of America	CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

<i>SERFF Tracking Number:</i>	<i>TRVD-125767283</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Flat Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company	\$50.00	10/03/2008	22904411
Ltd.,(U.S.Branch)			
The Charter Oak Fire Insurance Company	\$0.00	10/03/2008	
The Phoenix Insurance Company	\$0.00	10/03/2008	
The Travelers Indemnity Company	\$0.00	10/03/2008	
The Travelers Indemnity Company of America	\$0.00	10/03/2008	
The Travelers Indemnity Company Of	\$0.00	10/03/2008	
Connecticut			
Travelers Property Casualty Company of	\$0.00	10/03/2008	
America			

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<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
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<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/06/2008	10/06/2008

<i>SERFF Tracking Number:</i>	<i>TRVD-125767283</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Disposition

Disposition Date: 10/06/2008
Effective Date (New): 08/01/2009
Effective Date (Renewal): 08/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125767283 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-07-0083-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Auto Technology Program
Project Name/Number: Auto Technology Program/2008-07-0083-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Transmittal Supplement	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Written Premium Exhibit	Approved	Yes
Form	Exclusion – Physical Damage Coverage For Mobile Equipment Subject to Motor Vehicle Insurance Laws	Approved	Yes
Form	Certain Individuals As Insureds	Approved	Yes
Form	International Auto Endorsement – Difference in Conditions and Excess Liability	Approved	Yes

SERFF Tracking Number: TRVD-125767283 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-07-0083-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Auto Technology Program

Project Name/Number: Auto Technology Program/2008-07-0083-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion – Physical Damage Coverage For Mobile Equipment Subject to Motor Vehicle Insurance Laws	CA T4 38 07 08	07-2008	Endorsement/Amendment/Conditions	New	0.00	CA T4 38 07 08.pdf
Approved	Certain Individuals As Insureds	CA T4 39 07 08	07-2008	Endorsement/Amendment/Conditions	New	0.00	CA T4 39 07 08.pdf
Approved	International Auto Endorsement – Difference in Conditions and Excess Liability	CA T4 40 07 08	07-2008	Endorsement/Amendment/Conditions	New	0.00	CA T4 40 07 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION – PHYSICAL DAMAGE COVERAGE FOR
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE
INSURANCE LAWS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following exclusion is added to Paragraph **B., Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will not pay for "loss" to any land vehicle that is considered an "auto" and not "mobile equipment" for the sole reason that it is a land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CERTAIN INDIVIDUALS AS INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

PROVISIONS

- 1.** The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – LIABILITY COVERAGE**:

Any of the following individuals while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs:

- (1)** Your spouse (if you are an individual);

- (2)** Your partners and their spouses (if you are a partnership);

- (3)** Your members (if you are a limited liability company); or

- (4)** Your executive officers and directors (if you are a corporation or other organization).

- 2.** Paragraph **A.1.b. (5)** of **SECTION II – LIABILITY COVERAGE** is deleted.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INTERNATIONAL AUTO ENDORSEMENT – DIFFERENCE IN CONDITIONS AND EXCESS LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

PROVISIONS

A. The following replaces Subparagraph e. in Paragraph B.7., Policy Term, Coverage Territory, of SECTION IV – BUSINESS AUTO CONDITIONS:

e. Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Liability Coverage for any covered "auto" that:

- (1)** You lease, hire, rent or borrow without a driver, and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households; or
- (2)** You do not own, lease, hire, rent or borrow that is used in connection with your business, including "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or personal affairs.

B. The following are added to Paragraph B., General Conditions, of SECTION IV – BUSINESS AUTO CONDITIONS:

When We Are Prohibited From Defending An Insured

If the laws or regulations of a country or jurisdiction prohibit us from fulfilling our duty to defend an "insured", the "insured" will be responsible for providing that defense. We will repay that "insured" for the reasonable expenses incurred to provide such defense. Our duty to make such payments ends when we have used up the applicable limit of insurance in the payment of judg-

ments, settlements or "covered pollution cost or expense".

When We Are Prohibited From Paying Damages On Behalf Of An Insured

If the laws or regulations of a country or jurisdiction prohibit us from paying, on behalf of an "insured", sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage", or as a "covered pollution cost or expense", the "insured" may pay such damages or "covered pollution cost or expense" with our consent. If the "insured" gives us proof of such payments, we will repay the "insured" for such damages or "covered pollution cost or expense". But we will only repay the "insured" for such damages or "covered pollution cost or expense" up to the limit as described in Paragraph C. Limit Of Insurance, of SECTION II – LIABILITY COVERAGE.

When We Are Prohibited From Paying Supplementary Payments

If the laws or regulations of a country or jurisdiction prohibit us from paying a Supplementary Payment, we will repay an "insured" for such Supplementary Payment that the "insured" incurs.

Currency

Payments for damages, "covered pollution cost or expense", reasonable expenses to defend an "insured" and Supplementary Payments will be paid in the currency of the United States of America. At our sole option, we may make these payments in a different currency. Any necessary currency conversion will be calculated based on the rate of exchange published in the next Wall Street Journal subsequent to the date of judgment or settlement. Any necessary currency conversion of the payment of "covered pollution cost or expense", reasonable expenses to defend an "insured" or Supplementary Payments will be calculated based on the rate of exchange published in the

Wall Street Journal immediately preceding the date the payment is processed.

Compulsory Insurance

This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy,

but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

Limitations On Our Representations And Responsibility

It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

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	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TRVD-125767283</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-07-0083-F</i>		
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<i>Product Name:</i>	<i>Auto Technology Program</i>		
<i>Project Name/Number:</i>	<i>Auto Technology Program/2008-07-0083-F</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/06/2008
Comments:				
Attachments:				
	AR NAIC Transmittal .pdf			
	AR NAIC Form Filing Schedule.pdf			
Satisfied -Name:	Forms Transmittal Supplement	Review Status:	Approved	10/06/2008
Comments:				
Attachment:				
	Form Transmittal Supplement.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Approved	10/06/2008
Comments:				
Attachment:				
	AR Cover Letter.pdf			
Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	10/06/2008
Comments:				
Attachment:				
	Filing Memo-Form Only.pdf			
Satisfied -Name:	Written Premium Exhibit	Review Status:	Approved	10/06/2008
Comments:				
Attachment:				
	AR Exhibit.pdf			

Property & Casualty Transmittal Document

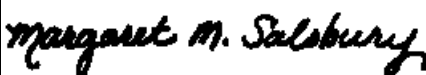
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Travelers Companies Inc.	3548
NIPPONKOA Insurance Company, Ltd (U.S. Branch)	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Ltd (U.S. Branch)	NY	27073	98-0032627	

5. Company Tracking Number	2008-07-0083-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Margaret Salsbury One Tower Sq. 8 MN Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860)277-9730	msalsbur@travelers.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Margaret Salsbury		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0
10. Sub-Type of Insurance (Sub-TOI)	20.0001
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08/01/2009 Renewal: 08/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	10/03/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-07-0083-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Please see cover letter.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-07-0083-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion – Physical Damage Coverage For Mobile Equipment Subject to Motor Vehicle Insurance Laws	CA T4 38 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Certain Individuals As Insureds	CA T4 39 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	International Auto Endorsement – Difference in Conditions and Excess Liability	CA T4 40 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM TRANSMITTAL SUPPLEMENT – Wave #1 – Technology Forms for Auto
<Filing Number>

Form Title	New Form	Replaced Form	Type of Form* / Line of Business / Mandatory (M) or Optional (O)	Broaden (B) Restrict (R) Clarify (C)	Description Of Form
Exclusion – Physical Damage Coverage For Mobile Equipment Subject to Motor Vehicle Insurance Laws	CA T4 38 07 08	NEW	END/CA/O	R	This optional form excludes physical damage coverage to any land vehicle that is considered an “auto” and not “mobile equipment”.
Certain Individuals As Insureds	CA T4 39 07 08	NEW	END/CA/O	B	This optional form adds certain individuals as insureds for non-owned auto liability coverage. Individuals added as an insured are: (1) Your spouse (if you are an individual); (2) Your partners and their spouses (if you are a partnership); (3) Your members (if you are a limited liability company); or (4) Your executive officers and directors (if you are a corporation or other organization).
International Auto Endorsement – Difference in Conditions and Excess Liability	CA T4 40 07 08	NEW	END/CA/O	B	This optional form expands the Business Auto coverage territory to anywhere in the world for Liability coverage for hired and non-owned autos on a difference in conditions basis.

*Type of Form Legend:

ADV = Advertising
ABE = Application/Binder/Enrollment
BND = Bond
CNR = Canc/NonRen Notice
CER = Certificate
DEC = Declarations/Schedule
DSC = Disclosure/Notice
ERS = Election/Rejection/Supplemental Applications
END = Endorsement/Amendment/Conditions
OTH = Other
PCF = Policy/Coverage Form



Margaret M. Salsbury
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
One Tower Square, 8 MN
Hartford CT, 06183
Direct: (860) 277-6470; Fax: (860) 277-9730
MSALSBUR@travelers.com

October 3, 2008

Commissioner Julie Benafield Bowman
Commissioner of Insurance
State of Arkansas
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

Dear Commissioner Bowman:

On April 1, 2004, the merger of The St. Paul Companies, Inc. (St. Paul) and Travelers Property Casualty Corp. (Travelers) created the second largest commercial property-casualty company in the country. We now provide insurance and associated services to well over one million commercial businesses.

This letter serves to inform you of our plans to transfer certain commercial lines of business written through St. Paul Fire and Marine Insurance Company and its affiliates to The Travelers Indemnity Company and its affiliates. The Travelers personal lines of business will not be impacted by this change.

Consistent with our branding change to Travelers in 2006 and the return of our symbolic red umbrella and name change to The Travelers Companies, Inc. in 2007, we are in the process of establishing a more consistent and simplified environment for our insureds and agents. Our goal is to provide greater consistency in our product language which in turn will further enhance all aspects of the customer experience.

Beginning in August 2009, insurance policies identified in the attached exhibits that were previously written on St. Paul policy forms will now be written on Travelers policy forms, upon the expiration of St. Paul policies. For your information, the enclosed exhibit illustrates the St. Paul written premiums and market share for the applicable lines of business in your state. Similar transfers will take place in the coming months, with our aim of doing so without disrupting our markets. We will notify you regarding these transfers through the normal filing process.

It is our intention to offer a Travelers policy at substantially similar coverage and price to existing St. Paul policyholders, exceptions include those policyholders previously identified for non-renewal on the basis of loss and other underwriting information and those insureds identified for non-renewal on the basis of the normal renewal underwriting process. Proper notice of non-renewal will be provided, in accordance with the requirements of your state.

With our plan to facilitate a smooth transition and retain as much business as possible, we fully expect this transition to proceed as smoothly as our previous initiatives.

Please feel free to call me at your convenience, if you have any questions.

Sincerely,

Margaret M. Salsbury
Senior Regulatory Analyst
MS/ts
Enclosures

Filing Memorandum
Technology-Commercial Auto

As stated in the enclosed cover letter, it is our intent to transfer certain commercial lines of business written through St. Paul Fire and Marine Insurance Company and its affiliates to The Travelers Indemnity Company and its affiliates. This filing consists of the material necessary to move our portfolio of Technology products into the Travelers entities.

The following identifies and explains the material contained within this filing.

Forms

Beginning in August 2009 insurance policies in the Technology market that were previously written on St. Paul policy forms will now be written on Travelers policy forms, upon the expiration of St. Paul policies.

We will utilize our portfolio of Travelers forms that consists of forms filed on our behalf by ISO, as well as Travelers proprietary forms which are designed to be compatible with ISO. As we move business, we have identified certain forms that are currently approved in the St. Paul entities for which there are no similar Travelers forms. This filing consists of those newly developed forms, which when used in conjunction with our portfolio of existing Travelers forms, will enable us to provide substantially similar coverage to our policyholders.

Please refer to the enclosed forms transmittal supplemental for identification and explanation of each of the forms included in this submission. These forms have been converted from the Plain-English language and format used in the St. Paul entities to the ISO based language and format used in the Travelers entities, providing for consistency in our product language.

**Technology Gross Written Premium
Exhibit
Arkansas**

Line of Insurance	
Auto	\$142,597
E&O	\$155,232
GL	\$48,546
Property	\$42,448
Umbrella/Excess	\$5,760
Total	\$394,583
Percent of Market Share	0%